Activity Plan Instructor Form

Educational Objectives

Rev. 06/2026

RID Sponsor Name: Trix Bruce

Activity Start Date: **Activity Completion Date:**

Start time of Activity: **Ending time of Activity:**

Title of Activity:

Presenter(s):

Workshop Location: **Phone Number:**

(choose) ☐ **On-site presentation** ☐ **Virtual Presentation** ☐ **Both**

Contact:

Website:

Registration Page:

Flyer Link:

How many hour(s) RID CEUs?

Choose: ☐ **Professional Studies** ☐ **General Studies** ☐ **Power, Privilege, & Oppression**

Level of Participant's Prior Knowledge of Topic (Choose):

☐ **Little/None** ☐ **Some** ☐ **Extensive** ☐ **Teaching**

Target Audience (choose):

☐ **Open to Public** ☐ **A Closed Group**

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Subject: (choose)

- ☐ Medical
- ☐ Legal
- ☐ Deaf-Blind
- ☐ Business Practices
- ☐ Deaf Culture
- ☐ Team Intrepreting
- ☐ Transliteration
- ☐ Deaf
- ☐ Ergonoics
- ☐ Mental Health
- ☐ Educational (K-12)
- ☐ Oral
- ☐ Tri-Lingual
- ☐ Mentoring/Teaching
- ☐ Religious
- ☐ Visual/Auditory
- ☐ Voice to Sign
- ☐ Video
- ☐ Drugs/Alcohol
- ☐ Educational (post-secondary)
- ☐ Performing Arts
- ☐ ASL/Linguistics
- ☐ Sign to Voice
- ☐ Ethical
- ☐ Memory Building
- ☐ Other
- ☐ Repetitive Motion Injury

Bio:

Workshop Description:

Educational Objectives: (List specific observable actions by participants that will demonstrate comprehension and integration of information presented).

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Evaluation and Assessment: (Describe how you will evaluate student learning & presentation effectiveness).